

HOMANS (J.)

RECURRENT GALL-STONES.

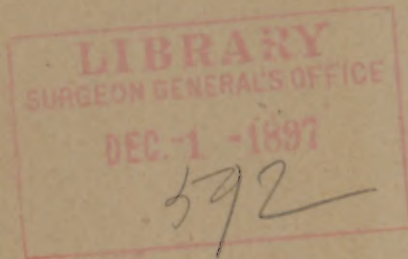
ANGIOMA OF SPLEEN.

EXCISION OF CÆCUM.

BY

JOHN HOMANS, M.D.,

BOSTON, MASS.



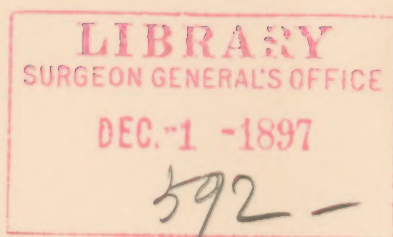




PHOTO LITHOGR. BOSTON.

F. BYRNES, DEL.

"GALL-STONES CRYSTALLIZED AROUND SUTURES."

GALL-STONES FORMED AROUND SILK SUTURES,
TWENTY MONTHS AFTER RECOVERY
FROM CHOLECYSTOTOMY.

By JOHN HOMANS, M.D.,

OF BOSTON,

SURGEON TO THE MASSACHUSETTS GENERAL HOSPITAL.

THIS case is interesting, on account of the condition mentioned above, and important, because it settles the question as to the length of time required for the formation of quite large gall-stones. The gall bladder was entirely emptied of stones in April, 1895, and in January, 1897, it contained seven, of which the plates give an exact representation as to size and color.

Mrs. B., the patient, had been an invalid for many years. She was thirty-eight years old, and was referred to me in March, 1895, by Dr. George Spafford, of Cavendish, Vermont. She was the mother of two children, the youngest seventeen years old. She was emaciated and anxious, and suffered much from constant pain in the stomach, backbone, and pelvis. She vomited almost all her food, and had been confined to her bed for many months. She had been treated in many (twenty-five) institutions, and had availed herself of every opportunity to consult gynæcologists who came to Vermont to lecture. She had never been jaundiced. On examination no tumor of the stomach or gall-bladder or any movable kidney was found. The uterus was retroverted and fixed; the ovaries were prolapsed and adherent; there was considerable pelvic tenderness, but still not enough trouble to cause such severe reflex symptoms. For about three weeks her stomach was washed out every morning by Dr. E. A. Pease, my first assistant, and this afforded considerable relief. There was no vomiting for ten days and less nausea, but I decided that an operation

must be done and perhaps the removal of the tubes and ovaries might help her. Accordingly, on April 6, 1895, I opened the abdomen in the pubic region. The uterus was found retroverted, and the ovaries and tubes very adherent. A tubo-ovarian cyst was "dug out" on the left side. The separated rectal adhesions bled so freely and were so difficult to tie, on account of their depth, that finally five pairs of long pressure-forceps were clamped on the bleeding points in the rectal and neighboring parietes, and were left with their handles protruding through the abdominal wound. These were removed forty-eight hours later. As what I had found in the pelvis did not seem a sufficient cause for the gastric symptoms and epigastric pain, I passed my hand and forearm into the abdomen and felt of the gall-bladder; it was full of stones, so I sewed up the pubic incision and made another one parallel with the cartilages of the ribs over the gall-bladder. This I opened and removed all the calculi in it, ninety-seven in number, averaging about one-fifth of an inch in diameter. I put some gauze in the gall-bladder to keep the bile from oozing out while I was sewing it up, having decided not to drain it, and made a seam completely closing the opening, but when I came to count my gauzes I found that there was one wanting, and that I had sewed it up in the bladder. Accordingly I took out the stitches in the gall-bladder, removed the sponge, and sewed the open gall-bladder to the peritoneum, put in a rubber tube and some gauze, and left the bladder to drain. This it did most freely, but gradually closed, and the patient went home at the end of five weeks perfectly well and relieved of all her symptoms. She continued well until December, 1896, when all her old symptoms returned. Her daughter and Dr. Spafford wrote me, and I advised that she come to St. Margaret's again and have the gall-bladder opened, and we should probably find some more stones. On January 18, 1897, an incision was made through the scar of the former operation. The gall-bladder was found to be adherent to the cicatrix which was several inches deep. It was opened and within it were found seven calculi, two of them about the size and shape of lima-beans, of a yellowish-brown color, and attached, in a dumb-bell fashion, to a piece of silk which formed an axis in each stone. Three others were attached to another piece of silk which formed a raphe from which the stones branched. Two others much smaller were independent. The

silk must have been that which united the edges of the gall-bladder to the peritoneum at the first operation. I think that the crystallization of the calculi around the silk is probably accidental, and that the presence of the silk in or on the gall-bladder was not the cause of the formation of the stones, but being there it furnished convenient nuclei for the cholesterine to cling to, just as alum in a hot saturated solution will crystallize, as it cools, around pieces of string suspended in it. From this case it would seem that gall-stones need but a few months for their formation and in that time may become quite large. The largest of these is one inch and a quarter long and five-eighths of an inch wide. The plate gives a very accurate idea of the appearance of the stones and how they have formed around the silk sutures.

REPORT OF A CASE OF CAVERNOUS ANGIOMA OF THE SPLEEN.

By JOHN HOMANS, M.D.,

OF BOSTON,

SURGEON TO THE MASSACHUSETTS GENERAL HOSPITAL.

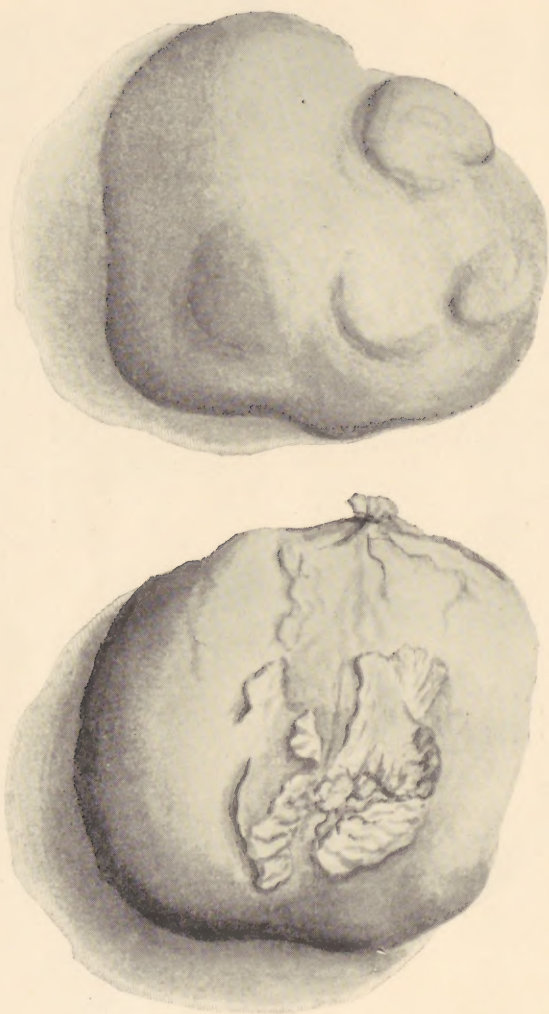
AS the importance and interest in this case consists principally in the pathological character and rareness of the disease, the writer deems it best to give the description by the pathologist first, accompanied by the drawing of the tumor and afterwards to detail briefly the clinical features of the disease. The reporter has never heard of a similar growth in the spleen. There were two operations done on account of ascites, debility, and long continued illness. The first was performed on April 16, 1896. The peritoneal cavity was opened, seventeen pounds of bloody ascitic fluid were removed, and the abdomen was thoroughly bailed out. To the right of the median line, between the hepatic and splenic flexures of the colon and surrounded by omentum, was a tumor looking like an irremovable cysto-sarcoma adherent to everything in its neighborhood, particularly to the transverse colon, the adhesions to which were divided and separated with great difficulty and care; quite large blood-vessels required ligature. This tumor and a supernumerary spleen were removed. Dr. W. F. Whitney, curator of the Warren Museum, and Pathologist to the Massachusetts General Hospital, reported as follows:

"The piece removed from the neighborhood of the colon consisted of an irregular-shaped mass about ten centimetres long by three wide, of a generally spongy, fibrous appearance, in which was much old and recent clotted and fluid blood contained in cavities. These cavities varied in size from that of a pin's head to a pea. Microscopic examination showed the spaces to be separated by bands of

*Ph. his: Recurrent Gall-stones
80. Post-1897, 4-6 Phl.*



Dr. Homans's case of cavernous angioma of the spleen.



Dr. Homans's case of sarcoma of the cæcum. Three-fourths natural size.

fibrous tissue of varying widths, which did not always completely surround the holes, showing there must have been a free communication between them, through which blood could circulate. The tissue was on the whole poor in nuclei, which were, as a rule, spindle-shaped, but here and there were staff-shaped, suggestive of muscular fibres. There also projected into the cavities spherical masses of fibrillated material, the centres of which were quite homogeneous in structure with a concentric lamellation. The surface was covered by the lining endothelium. The whole suggested a parietal thrombus which had undergone a hyaline transformation. The spaces contained blood and the wall was usually covered by a single layer of endothelium; but occasionally there were accumulations of them mixed with blood pigment partly filling the opening. Large thick-walled vessels were found lying in the surrounding fat-tissue and passing into the fibrous structure, but a direct communication with the spaces could not be found.

"The ovaries, which were removed at the same time, showed numerous simple retention cysts, the contents of some of which were hemorrhagic. But in the tissue of the ligament there was no indication of any cavernous structure such as is described above. The condition is that of a cavernous angioma, possibly originating in the omentum. There was also a small supernumerary spleen."

The patient recovered and gained flesh and strength, but on August 12, 1896, about four months after the first operation, a second one was done, as a desperate measure, the fluid having reaccumulated. The fluid was of the same bloody character as before, but most of it was in cavities walled off by adhesions, and was very difficult to remove. The adventitious cavities were small and almost innumerable. At the site of the old mesenteric tumor were found several flattened masses which led off to the spleen, and that organ being enlarged was removed without any hemorrhage. The spleen was examined by Dr. W. W. Prescott, of the pathological department of Harvard College, who was taking Dr. Whitney's place.

"The spleen was of normal shape, but enlarged, and the surface was covered by adhesions. Weight 415 grammes, length 15 centimetres, width 11 centimetres, thickness 4 centimetres. On the surface were numerous pulpy areas measuring from three-fourths of a

centimetre to a few millimetres and slightly elevated. Section showed a surface taken up for the greater part by areas of a fibrous net-work, in some places filled with a reddish, in others with a light colored fluid. Their areas varied in diameter from one centimetre downward, in places separated, in others joined together. Separating these the spleen-pulp with its distinct follicles could be seen.

“Microscopic examination showed the areas to be of a cavernous structure, the spaces filled with blood, with a transparent mass similar to coagulated serum. The walls were formed of a thin connective tissue with an endothelial lining, and where the wall was formed by the spleen-tissue proper there seemed to be a slight thickening as if there had been a pre-existing space.

“The structure both in the spleen and in the peritoneum seemed to be of the same character,—viz., a cavernous angioma.”

After this second attempt at a radical cure the patient failed rapidly and died of shock twenty hours after the operation.

The clinical history of the case is as follows:

The patient was a single female twenty-two years old. When first seen she was very anæmic: weight 117 pounds, pulse 142, of fair character and regular. Abdomen had been enlarged for over a year. In March, 1895, Dr. F. B. Harrington had drawn off seven quarts of bloody fluid and had found a solid tumor on the right side, which, the patient says, went away. Dr. Harrington told the patient, anxious for the truth, that she would not live ten days, so feeble was she. Other doctors subsequently tapped her, and at times a row of small lumps was noticed crossing the abdomen; never has had pain; no swelling of legs; much difficulty of breathing.

Her tappings had been as follows:

Dr. Wheeler removed ten quarts in March, 1895.

Dr. Harrington removed seven quarts ten days later.

Dr. Berry removed seven quarts in August, 1895.

Dr. Berry removed seven quarts in February, 1896.

Dr. Wheeler removed seven quarts on March 22, 1896.

All the fluid was bloody.

It will be noticed that the reaccumulation of the ascitic fluid was very irregular; sometimes it returned in large quantities in ten days, and again it did not fill the abdomen for six months. After the first laparotomy, in April, 1896, it was four months before it was necessary to interfere again. It is much to be regretted that no autopsy could be obtained, for one would like to know the condition of the other abdominal organs.

REPORT OF A CASE OF SARCOMA OF THE CÆCUM.

By JOHN HOMANS, M.D.,

OF BOSTON,

SURGEON TO THE MASSACHUSETTS GENERAL HOSPITAL.

ON March 18, 1896, I saw at Newton, with Dr. Reid, a girl five years old, and from him and the parents I received the following history: Until January, 1896, the child had been extraordinarily well and strong and was the picture of robust health. She suddenly complained of abdominal pain and began to emaciate rapidly. A physician, without making any physical examination, pronounced the case one of dyspepsia, but pain continued and emaciation progressed rapidly. The appetite, however, continued excellent, almost ravenous. At length the parents called in Dr. Reid, who at once discovered a movable tumor in the abdomen. The next day I met Dr. Reid in consultation and examined the child. She was pale and thin. Her morning temperature the day before had been 99.3° F., and at evening 103.2° F. I found a movable solid tumor about the size of a sheep's kidney in the appendicular region. There was very slight tenderness on pressure. The diagnosis was uncertain. I hoped that the tumor might prove an appendicitis with the appendix rolled up in the omentum forming a tumor, but I had never seen one so movable or free from tenderness. I thought it more likely a sarcoma or carcinoma of the cæcum or possibly a tubercular growth, as suggested by the temperature and the presence of a small quantity of ascitic fluid. The patient was brought to St. Margaret's Home, and I operated on March 20, with the assistance of Dr. E. A. Pease. After etherization the child was placed in the Trendelenburg position, and the tumor was found to have left the cæcal region and to have gone almost to the epigastrium. As the tumor could easily be brought to the median line, I made an incision three and a half inches long in the linea alba between the umbilicus and pubes.

The tumor was found to be a sarcoma and to involve a portion

of the anterior wall of the cæcum. About half a pint of ascitic fluid ran out. The tumor, a flattened sphere two and a half inches long, was somewhat adherent to the ileum, and had grown not only into the wall of the cæcum but also into the ileo-cæcal valve. A solid rubber cord was tied round the intestines above and below the growth and the tumor, with about an inch of the anterior wall of the cæcum and a portion of the ileo-cæcal valve, was removed. A solid piece of fæces lodged in the cæcum was taken out, the parts were douched with boiled water, and the opening in the cæcum, left by the removal of the growth, was sewn up with two rows of continuous Lembert sutures of silk. The sewn-up bowel was given a final douching, after the removal of the constricting rubber cord, and was then returned to the abdomen. A small wick of iodoform gauze was laid upon the seam in the cæcum, and the end was left protruding out of the wound, which was then sewn up with silkworm gut. Iodoform gauze, absorbent cotton, and a swathe were put on. An enema of four drops of laudanum and a drachm of brandy was given.

Dr. Whitney's report is as follows: "Harvard Pathological Laboratory, March 21, 1896. The tumor of the cæcum from a girl five years old, consisted of a more or less lobulated mass the size of a large potato, pale, grayish, and slightly translucent on section with a homogeneous surface. To this was intimately adherent a portion of the bowel, the walls in places being infiltrated from without inward by the new growth. Microscopic examination showed its structure to be made up of small spindle cells with a little homogeneous intercellular substance, and with the blood circulating in sinuses without definite walls. The diagnosis is a spindle-cell sarcoma, which has originated in the tissue about the intestine."

The patient had more or less pain for a few days, relieved by enemata of liquid Dover's powder. The wound united by the first intention, the gauze was removed on the second day, and the patient went home at the end of three weeks.

May 10, 1897. It is now fourteen months since the tumor was removed. The girl is stout and strong, and there are no signs of recurrence.

